

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
9	/					59					
10	/					60					
11	/					61					
12	/					62					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	19					TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS	20					TOTAL CLAIMS					